

PAYROLL PAYMENT SELECTION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS) WINFIELD PUBLIC SCHOOLS-USD465

I hereby authorize the company to initiate credit entries to my checking/savings account indicated below and the depository named below, herein after called DEPOSITORY.

A debit card is available through the district office if you would like that option.
Please contact either Tom Fell or Leisa Potts at DO for more information. (221-5100)

DEPOSITORY NAME (Bank name) _____

CITY _____ STATE _____ ZIP _____

Second Account Info

9 digit-BANK TRANSIT/ROUTING NO. _____

ACCOUNT NO. _____

*****Please indicate if the account is a ☐ CHECKING or ☐ SAVINGS account. ☐ CHECKING or ☐ SAVINGS account.***

This authority is to remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and the DEPOSITORY a reasonable opportunity to act on it.

NAME _____ SSN _____

DATE _____ SIGNED _____

A deposit statement will be e-mailed to your district e-mail account.

(Please attach a voided check.)

Sign below only if wanting to STOP direct deposit to your current account(s)

I hereby notify you to terminate my authorization agreement covering the ACH credit to my account as indicated above. Please be advised that I no longer will allow the above financial institution to accept the entries and personally indemnify them from any and all liability with the return of any future entries processed by Winfield Public Schools-USD 465 to my account.

Signature

Date